

## **MEDICAL RELEASE FORM**

I, the parent or guardian of \_\_\_\_\_, give permission for him / her to participate in all activities sponsored by Liberty Baptist Academy. I will inform the school in writing should I choose to withhold my child from any activity or trip.

I authorize the representatives of Liberty Baptist Academy complete medical guardianship of my child in case of an accident or emergency. They may have the above-named child treated and given any medical attention necessary for the well-being of the child. I authorize the school representative to make the choice of doctor and hospital when necessary.

I hereby release Freedom Baptist Church, Liberty Baptist Academy and its representatives from any liability or responsibility for injuries to my child or for damages, injuries, or expenses that may occur arising from any school activity. I also agree to indemnity and hold harmless FBC, LBA, and its representatives of any such claim of injury, damages, or expenses made by, or on behalf of the child.

\_\_\_\_\_

Signature of the Father

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of the Mother

\_\_\_\_\_

Date

Parent's Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone:

Father's Employer: \_\_\_\_\_  
\_\_\_\_\_

Work Phone:

Cell Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_  
\_\_\_\_\_

Work Phone:

Cell Phone: \_\_\_\_\_

Family Doctor \_\_\_\_\_  
\_\_\_\_\_

Phone:

Recommended Hospital \_\_\_\_\_  
\_\_\_\_\_

Phone:

Emergency Contact: \_\_\_\_\_  
\_\_\_\_\_

Phone:

Student's Date of Birth: \_\_\_\_\_ Do you carry medical insurance for the child?  
\_\_\_\_\_

Insurance Company \_\_\_\_\_  
\_\_\_\_\_

Policy No.

Does the student have any physical / medical problems? Please specify:

\_\_\_\_\_

Is the student allergic to any medications, foods, etc.? Please specify:

\_\_\_\_\_

*“And I will walk at liberty: for I seek thy precepts.” - Psalm 119:45*